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| 3 FC:8001 30.00 DA | | | | February 9, 2007 (Date) | | | (Date) | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTO | R | ATTORNEY DOCKET | NO. CON | FIRMATION NO. | |
| 10/686,797 10/16/2003 Joel E. Bernstein 41957-102740 7930 | | | | | | | | |
| TITLE OF INVENTION: METHOD FOR PROVIDING LONG-LASTING PAIN DIMINISHMENT THROUGH TOPICAL OR INTRANASAL ADMINISTRATION OF CIVAMIDE | | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSU | E FEE TOTAL FEE(| S) DUE | DATE DUE | |
| nonprovisional | YES | \$700 | \$300 | \$0 | \$1000 | • | 03/05/2007 | |
| EXAMINER ART UN | | ART UNIT | CLASS-SUBCLASS | | | | | |
| AZPURU, CARLOS A 1615 | | | 424-434000 | 34000 | | | | |
| CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 2 registered at 2 registered. | | | | In the patent front page, list fup to 3 registered patent attorneys ternatively, a single firm (having as a member a ey or agent) and the names of up to nit attorneys or agents. If no name is will be printed. 1 Barnes & Thornburg LL 2 Alice O. Martin 3 | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) FLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Winston Laboratories, Inc. Vernon Hills, IL Please check the appropriate assignee category or categories (will not be printed on the patent): | | | | | | | | |
| 4a. The following fee(s) are submitted: X Issue Fee X Publication Fee (No small entity discount permitted) X Advance Order - # of Copies 10 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 1 2 0 9 1 3 (enclose an extra copy of this form). | | | | | | | | |
| 5. Change in Entity Status | | | □ h. Applicant is no lo | nger claiming SMAI | 1 FNTITV status Ce | e 37 CFR 1 27 | (a)(2) | |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. | | | | | | | | |
| interest as shown by the reco | ords of the United State | s Patent and Trademark | Office. | | 2// | | | |
| Authorized Signature Date Date Date Typed or printed name Alice O. Martin Registration No. 35,601 | | | | | | | | |
| Typed or printed name Alice O. Martin Registration No. 35,601 This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and | | | | | | | | |
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